

HABILITATION, EARLY CHILDHOOD AUTISM SPECIALIZED ~~BEHAVIOR~~

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

This consultative service is intended for Division members who are young children with autism or who are at risk of autism. The consultative component provides habilitation and behavioral supports pursuant to an Early Childhood Autism Specialized Habilitation intervention -positive behavioral supports-plan that assists a young child~~consumer~~ to remain in his/her home or the home of their family/caregivers and to participate in community activities by strengthening the skills of their parents/caregivers. This service is provided ~~contemplates the utilization of the in a~~ consultative model ~~and the meaningful involvement of to the child's parents/caregivers.~~

The hourly habilitation support service component is designed to assist a child in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.

The services include the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensorimotor development, and behavioral management.

These two components of this bundled service are authorized and billed as distinct service units delivered by the Qualified Vendor.

Service Requirements and Limitations

1. This service may be provided in the following settings:
 - 1.1 The family'~~se~~consumer's home, or
 - 1.2 At the child'~~se~~consumer's activity sites, or
 - 1.3 A community setting chosen by the ~~consumer or child~~consumer's representative.
2. This service shall not be provided when the child~~consumer~~ is hospitalized.
3. This service shall not be provided to children~~consumers~~ living in group homes, vendor-supported developmental homes (child or adult), skilled nursing facilities, non-state operated Intermediate Care Facilities ("ICFs")~~MR~~, or Level I or Level II behavioral health facilities.
4. This service shall not be provided in schools or in transit to schools.

5. This service shall not be provided in lieu of school when the child is eligible for attendance.

~~5.6.~~The plan for this service ~~shall~~must include:

~~65.1~~ Criteria for reassessment;

~~65.2~~ Criteria for fading ~~as appropriate~~;

~~65.3~~ The potential for developing and maintaining self-help, socialization, and adaptive skills;

~~65.4~~ Respect for the ~~consumer's family's/caregivers'~~ preferences, favorite activities, and their lifestyle choices, etc.;

~~65.5~~ The development of useful techniques and ~~facilitating the use of these techniques training by parents/caregivers in the use of these techniques~~ for the ~~child~~consumer's benefit; ~~and~~

~~65.6~~ The development of techniques, as appropriate, for increasing the ~~child~~consumer's social skills and ability to interact with others.

~~7. 6.~~—The Qualified Vendor shall ensure that each ~~consultant direct care~~ staff and hourly habilitation staff is fully able to implement the planning document [e.g., Individual Support Plan ("ISP")] and applicable Early Childhood Autism Specialized Habilitation intervention behavioral plan for the ~~child~~consumer, and follows the protocols for responding tohandling and reporting incidents to the Division.

Service Goals and Objectives

Service Goals

The Qualified Vendor shall ensure that the following goals are met:

Consultative Component Service Goals for Doctoral/Master's-Level and Bachelor's-Level Service Providers:

~~To provide~~Provide an improved quality of life for the ~~young child consumer~~by targeting the core symptoms of autism and assisting him/her in living in their own home or family home by the teaching of alternative methods of responding to stressors ~~and other sources of challenging behavior~~.

For Doctoral/Master's-level service providers only:

1. To assist planning teams (e.g., ISP teams) and parents/caregivers ~~family members~~ in managing ~~challenging~~behaviors relating to the core symptoms of autism through a thorough understanding of the purpose and function of a behavior.

2. To develop a plan for the Early Childhood Autism Specialized Habilitation intervention ~~positive behavioral supports plan~~ derived from a behavioral assessment.
3. To determine the amount of weekly Habilitation Hourly Support required to adequately implement the Early Childhood Autism Specialized Habilitation intervention plan.

For Bachelor's-level service providers only:

1. To implement the strategies of the Early Childhood Autism Specialized Habilitation intervention ~~a positive behavioral supports plan~~.

Hourly Habilitation Support Component Service Goals

1. To implement the Early Childhood Autism Specialized Habilitation intervention plan.
2. To provide training to increase or maintain the child's self-help, socialization, and adaptive skills to reside and participate successfully with his/her family in his/her own community.
3. To assist the child in achieving and maintaining a quality of life that promotes the parents'/caregivers' vision for the future and priorities.
4. To adjust the dependence on this service as natural supports become available in the child's home and/or community.
5. To encourage and develop the identification and use of natural supports and reduce the need for this paid support.

Service Objectives

Consultative Component Service Objectives for Doctoral/Master's-Level Service Providers:

The Qualified Vendor shall ensure that the following objectives/~~outcomes~~ are met:

1. Conduct and develop a functional behavioral analysis and proactive teaching strategies to prepare the child for age-appropriate social, sensorimotor, and learning readiness skills ~~of a challenging behavior.~~
2. Develop with the planning ISP team and parents/caregivers ~~family members~~ a plan for the Early Childhood Autism Specialized Habilitation intervention ~~a positive behavioral supports plan.~~
3. In accordance with the Early Childhood Autism Specialized Habilitation intervention plan, assist in developing individualized, time-limited outcomes that are based on assessment data and input from the member and the member's representative which allow the member to achieve his/her long-term vision for the future and priorities.

3.1 Assist in developing a specific teaching strategy for each habilitation outcome within ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill.

3.2 Assist in developing changes to specific outcome(s) and/or strategies, as agreed upon by the member's planning team, based on the presence or absence of measurable progress by the member.

43. Model the implementation of the plan for ~~parents/caregivers~~family members and/or direct service staff, including the teaching of alternative or replacement behavior(s).

53. Train ~~parents/caregivers~~family members and/or direct service staff in the plan and ~~assess/~~monitor their usage of the plan.
~~Assist the ISP team in acquiring the needed approvals of the plan by the applicable Human Rights Committee and Program Review Committee pursuant to the Division's administrative rules (Arizona Administrative Code R6-6-903 and subsequent amendments) and Division policy, including any subsequent revisions.~~

6. Review data with the ~~planning~~ISP team members and other ~~people important to the child~~interested parties as to the success of the plan.

7. Provide follow-up consultation to ensure proper implementation of the plan and revise the plan as needed.

8. ~~Assist the planning team in the transition from this service to other developmentally appropriate services by providing information needed to assess the child's and parents'/ caregivers' ongoing needs and outcomes.~~

9. ~~Provide training and support to habilitation staff as necessary to ensure implementation of the designed Early Childhood Autism Specialized Habilitation intervention plan.~~

~~Consultative Component~~ Service Objectives for Bachelor's-Llevel Sservice Pproviders:

The Qualified Vendor shall ensure that the following ~~objectives/~~outcomes are met:

1. Participate with the ~~planning~~ISP team and ~~parents/caregivers~~family in the implementation of ~~an Early Childhood Autism Specialized Habilitation intervention -positive behavioral supports~~ plan.

2. Model the implementation of the plan for ~~parents/caregivers~~family members and/or direct service staff, including the teaching of alternative or replacement behavior(s).

3. Train parents/caregivers~~family members~~ and/or direct service staff in the plan and assess/monitor their usage of the plan.
4. Review data with the planning ISP-team members and other people important to the child~~interested parties~~, as to the success of the plan.
5. Provide follow-up consultation to ensure proper implementation of the plan and revise the plan as needed.
6. Assist the planning team in the transition from this service to other developmentally appropriate services by providing information needed to assess the child's and parent's/caregiver's ongoing needs and outcomes.

Hourly Habilitation Support Component Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. In accordance with the child's planning document [e.g., Individual Support Plan (ISP)] processes, assist in revising the Early Childhood Autism Specialized Habilitation intervention plan, including:
 - 1.1 Implementing the teaching strategies of the Early Childhood Autism Specialized Habilitation intervention plan. A teaching strategy is required for each of the member's habitative outcome(s) identified by the Early Childhood Autism Specialized Habilitation intervention plan. The specific teaching strategy for each outcome identifies the schedule for implementation, the frequency and duration of services, data collection methods, and- a series of steps to teach the child a single outcome.
2. As identified in the child's planning document, provide training and/or assistance such as:
 - 2.1 Implementing strategies to address behavioral concerns as identified in the Early Childhood Autism Specialized Habilitation intervention plan;
 - 2.2 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting the child in following special diets, exercise routines, or other therapeutic programs;
 - 2.3 Mobility training, alternative or adaptive communication training.
3. As identified in the child's planning document, provide training and/or assistance to the parents/caregivers to increase and/or maintain targeted skill acquisition of the child.
 - 3.1 With input from the parents/caregivers and other people important to the child, develop strategies for habitative outcomes that can be carried out in context of the child's daily routine.

3.2 Communicate with the parents/caregivers regarding how the plan is working when the direct service staff is not present.

Service Utilization Information

Consultative Component for Doctoral-Level, Master's-Level, and Bachelor's-Level Service Providers:

1. All interventions shall be based on the principles of learning alternative behaviors.
2. All interventions shall respect the rights and dignity of the childeonsumer and his/her parents/caregivers.
3. All interventions shall be based ~~as much as possible~~ on positive behavior supports and the childeonsumer's ability to self-manage when supported.
4. All services shall be delivered in strict compliance with the provisions of Title 6, Chapter 6, Article 9 pertaining to "Managing Inappropriate Behaviors" of the Arizona Administrative Code ("A.A.C.") and Chapter 1600 of the Division's Policyies and Procedures Manual, including subsequent amendments/revisions.

Hourly Habilitation Support Component

1. Utilization of this form of habilitation is determined by the professional assessment completed by the consultant. Careful assessment for the amount of habilitative training is critical. Holistic evaluation of all other activities in the child's day, including school, Attendant Care, Respite, etc., is necessary.
2. All interventions shall be based on the principles of learning alternative behaviors.
3. All interventions shall respect the rights and dignity of the child and his/her parents/caregivers.
4. All interventions shall be based on positive behavior supports and the child's ability to self-manage when supported.
5. All services shall be delivered in strict compliance with the provisions of Title 6, Chapter 6, Article 9 pertaining to "Managing Inappropriate Behaviors" of the A.A.C. and Chapter 1600 of the Division's Policy and Procedures Manual, including subsequent amendments/revisions.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.

2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

~~Direct Service~~ Staff Qualifications

Consultative Component Staff Qualifications for Doctoral-Level, Master's-Level, and Bachelor's-Level Service Providers

The Consultant staff shall:

~~Direct service staff must:~~

1. Have successfully completed the following:

- 1.1 Prevention and Support Training/Client Intervention Training ("CIT") from a certified ~~CIT~~ trainer;

- 1.2 Training required by Article 9, Chapter 6, Title 6 of A.A.C., including subsequent amendments, from a certified trainer; and

2. If a Doctoral-level service provider, have at a minimum,

- 2.1 A current license to practice psychology in the state of Arizona issued by the Arizona Board of Psychologist Examiners and meet all requirements set forth in Arizona Revised Statutes ("A.R.S."), Title 32, Chapter 19.1 et seq., as amended; or;

- 2.2 A license as a Behavior Analyst from the Arizona Board of Psychologist Examiners.

~~Person-Centered Planning training as approved by the Division.~~

- ~~2. The Qualified Vendor will have on file documentation of required certification for each direct service staff providing this service, including both training and licensing requirements.~~

3. If a~~For~~ Master's-level service providers, have at a minimum:

- ~~1. A license to practice psychology in the state of Arizona, or~~

- 3.1 A license as a Behavior Analyst from the Arizona Board of Psychologist Examiners, or

- 3.2 If unlicensed, must receive supervision from a Behavior Analyst who is licensed by the Arizona Board of Psychologist Examiners and have:

- 3.2.1 ~~2.~~ A Master's degree in behavior analysis, psychology, special education, or a related field, and

3.2.2 ~~3-~~Fifteen (15 ~~(fifteen)~~) hours of graduate level coursework in behavior analysis, and

3.2.3 ~~4-~~Six (6) months of full-time, supervised employment (internship/practicum) in behavior analysis under the supervision [minimum equivalent ~~one~~ (1) hour per week] of a certified behavior analyst (i.e., implementing, developing, revising behavior support plans); or

3.2.4 ~~5-~~Certification as a Board-Certified Behavior Analyst ("B.C.B.A.").

4. If a ~~For~~ Bachelor's-level service provider, receive supervision from a Behavior Analyst who holds a current and active license recognized by the State of Arizona Board of Psychologist Examiners and -have at a minimum:

4.1 ~~4-~~A Bachelor's degree in psychology, behavior analysis, social work, education, special education, child development, or counseling and two (2) years of full-time experience in behavioral therapy, behavioral modification, or behavioral analysis (i.e., implementing positive behavior support plans); or

4.2 ~~2-~~A Bachelor's degree in an alternative discipline and five (5) years of full-time experience in behavioral therapy, behavioral modification, or behavioral analysis (i.e., implementing positive behavior support plans); or

4.3 ~~3-~~Certification as a Board Certified Associate Behavior Analyst.

Hourly Habilitation Support Component Staff Qualifications

Direct service staff shall:

1. Have at least three (3) months experience implementing and documenting performance in individual programs (specific training strategies);

2. Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or

3. Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

4. Have completed training on all of the following topics:

4.1 Typical child development;

4.2 Diagnosis of Autism (e.g., what is Autism, how is Autism identified; who can formally diagnose Autism);

4.3 Treatment of Autism (e.g., types and techniques);

4.4 Collection of data and writing of reports; and

4.5 Information specific to the child/family/caregivers as contained in the Early Childhood Autism Specialized Habilitation intervention plan.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall, with the assistance of the parents/caregivers, complete and score the Vineland Scales of Adaptive Functioning on each child enrolled in the Early Childhood Autism Specialized Habilitation Program at the beginning of treatment, at twelve (12) months of treatment, and at twenty-one (21) months of treatment.

1.1 The Qualified Vendor shall also ensure that this information is sent to the Division within thirty (30) days of the date upon which the testing should be completed. This information will be used by the Division to assess the appropriateness of continued Early Childhood Autism Specialized Habilitation services during the program and upon completion of the initial two (2) years of treatment.

1.2 The Division's Medical Director or designee may authorize the use of another instrument for the measurement of a child's progress while receiving this service.

2. ~~1.~~ The Qualified Vendor shall provide quarterly individualized progress notes-reports on the child to the child's Support Coordinator and the child's representative ~~the service provider that developed the positive behavioral supports plan.~~ The quarter is based on the member's annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter.

2.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data (including graphical data analyses) that identifies the child's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes. ~~including graphic data analyses indicating progress at accomplishing objectives/outcomes within thirty (30) days after the close of the quarter.~~

2.2 Progress reports shall include data from both the consultant and any hourly habilitation support service providers.

2.2.1 The progress report shall be signed by the supervising licensed psychologist or licensed Behavior Analyst.

2.3 Progress reports shall demonstrate parent/caregiver participation in training sessions and progress toward outcomes.

32. The Qualified Vendor shall~~must~~ maintain on file proof of hours worked by ~~each~~their consultant and the hourly habilitation support service providers~~direct services staff~~.

3.1 Each time sheet, or equivalent document, or data system must~~shall~~ contain the original~~must be signed or other independent verification of~~ by the ~~child/consumer/family/child's consumer's~~ representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the child's representative before ~~verification~~the Qualified Vendor submits the claim for payment.

3.2 In addition, the Qualified Vendor shall~~must~~ submit a monthly statement of billed activity to the ~~child/consumer/family/child/consumer's~~ representative and to the ~~child's~~ Support Coordinator.

4. The Qualified Vendor shall maintain on file documentation of required certification for each consultant and hourly habilitation support service providers providing this service, including both training and certification requirements.

4.5. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.